

**OKANAGAN TRAINING & DEVELOPMENT COUNCIL
(OTDC)**

101 - 1865 Dilworth Drive, Suite 339, Kelowna BC, V1Y 9T1
Phone: (250) 769 1977 or (250) 542 0045
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For Official Use Only		
File Number		
1. Original 2. Amendment	1	Amendment No.

APPLICATION FORM

IDENTIFICATION			
NAME OF EMPLOYER/COORDINATOR/ CLIENT:			
LEGAL NAME OF EMPLOYER/COORDINATOR/ CLIENT:			
MAILING ADDRESS:			
CITY/TOWN:		PROVINCE: BC	POSTAL CODE:
TEL:	CELL/MESSAGES:		FAX:
EMAIL:			
NAME OF CONTACT PERSON:		TEL: (If Different)	

LOCATION OF ACTIVITY

PROGRAM	
COURSE/SEAT PURCHASE	<input type="checkbox"/>
YOUTH/STUDENT DEVELOPMENT	<input type="checkbox"/>
WORKPLACE TRAINING	<input type="checkbox"/>
JOB DEVELOPMENT (INDIVIDUAL &/or PROJECTS)	<input type="checkbox"/>
EMPLOYMENT SERVICES	<input type="checkbox"/>
DELIVERY ASSISTANCE	<input type="checkbox"/>
DISABILITY	<input type="checkbox"/>
CAPACITY BUILDING	<input type="checkbox"/>
HRIF (Employment Insurance)	<input type="checkbox"/>

[illegible]

CLIENT (Seat Purchase, Youth, Workplace Training, Individual Job Development, Wage Subsidy)		ARMS Client ID Number
NAME(S)[Attach if required]		

ARMS Client ID Number

NUMBER OF PARTICIPANTS	DURATION OF ACTIVITY	
	FROM:	TO:

SIGNATURES			
NAME (Please Print)	POSITION (if appropriate)	SIGNATURE	DATE

File Number

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2. Amendment

1

Amendment No.

NAME:

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CONTRIBUTION REQUEST

PARTICIPANT WAGES	PROGRAMS – Youth/Student Development Program, Workplace Training Program, Job Development (Individual & Projects), Employment Services, Delivery Assistance, HRIF (JCP, Targeted Wage Subsidy)					
OCCUPATION	NO. OF PARTICIPANTS	NO. OF WEEKS MONTHS	HOURS PER WEEK	WAGE RATE	OTDC SUBSIDY	REQUESTED
WAGE TOTAL ➤						
MERC % (Mandatory Benefits - EI, CPP, Vac Pay, WCB or Equivalent) ➤						
WAGE & MERC TOTAL ➤						

PARTICIPANT ALLOWANCES	PROGRAMS - Course/Seat Purchase, HRIF (Training Purchase)					
COURSE NAME	NO. OF PARTICIPANTS	NO. OF WEEKS MONTHS	HOURS PER WEEK	ALLOWANCE RATE	OTDC SUBSIDY	REQUESTED
Allowance TOTAL ➤						

OVERHEAD COSTS	COSTS - Travel, Supplies, Materials, Bookkeeping, Management Fees, Other (DESCRIBE)	REQUESTED
	Administration Fee @	
Overhead Costs TOTAL ➤		

SPECIAL COSTS	Equipment Lease/Purchase, Capital Costs, Costs to Assist Disabled Workers, Fee For Service Costs, Delivery Costs (DESCRIBE)	REQUESTED
Special Costs TOTAL ➤		

TRAINING COSTS	Tuition, Training Fees, Course Materials, Supplies, Travel, Accommodation and/or Meals (DESCRIBE)	REQUESTED
Training Costs TOTAL ➤		

TOTAL REQUESTED

FUNDS FROM OTHER SOURCES (Please Specify)

If Additional Space is Required, Please Attach a Separate Sheet

IS A MORE DETAILED BREAKDOWN OF COSTS INCLUDED?

☐ YES☐ NO

IS A BCR, TCR OR LETTER FROM SOCIETY BOARD INCLUDED?

☐ YES☐ NO☐ TO FOLLOW

OFFICIAL USE ONLY

PROGRAM OFFICER /COUNCIL RECOMMENDATION

OTDC APPROVAL

DURATION:

From:

To:

TOTAL AMOUNT RECOMMENDED:

OTDC SIGNATURE:

SIGNING

AUTHORITY:

DATE:

DATE: